

DRAFT #2

10-24-11

MHSA ISSUE RESOLUTION PROCESS

Background

In Fiscal Year (FY) 2007-08 a workgroup consisting of representatives of DMH, MHSAAC, CMHPC, and the California Mental Health Directors Association (CMHDA) met to advise DMH on the development of a procedure for filing and resolving issues related to the community program planning process, service access, and consistency between program implementation and approved Mental Health Services Act (MHSA) plans. The result of these meetings was to develop an Issue Resolution Process for consumer, family members and other stakeholders to file complaints related to the MHSA with DMH.

Welfare and Institutions Code (WI&C) Section 5845(d)(7) establishes that the Mental Health Services Oversight and Accountability Commission (MHSAAC) may refer critical issues related to the performance of a county mental health program to the Department of Mental Health (DMH). The role of DMH in the Issue Resolution process is described under WI&C Section 5772 (d) "When appropriate, make a finding pursuant to Section 5655 that a county's performance is failing in a substantive manner...(DMH) shall investigate and review the finding..."

WI&C Section 5655 establishes that the Director of Mental Health may consider any county to be failing, in a substantial manner, to comply with any provision of this code or any regulation, then, the Director shall order the county to appear and to show just cause why the department should not take action as set forth in this section. The actions the Director can take are to withhold part or all of State mental health funds, require a county to enter into negotiations or bring an action in court to compel compliance.

Presently, the MHSAAC, the California Mental Health Planning Council (CMHPC) as well as any county constituent can make referral to DMH about complaints related to the MHSA; DMH responds using the interim Issue Resolution process.

The Issue Resolution process has been operational since FY 2007-08. Assembly Bill (AB) 100 makes significant modifications to the administration of the MHSA. Under AB 100 there is no authority for the DMH to distribute MHSA funds to counties, review MHSA plans or issue regulations. The language of the statute regarding Issue Resolution process did not change; however, AB 100 decreased available resources at DMH resulting in a lack of staff capacity to continue supporting the Issue Resolution process.

Correspondingly, there has been a steady decrease in the number of complaints received. To date, almost eight month into the FY there have been only 6 complaints. It's reasonable to assume that once AB 100 was signed into law, stakeholders assumed DMH did not have any administrative responsibility and might have been resolving complaints at the local level. It's also possible that there were more complaints when MHSA was being implemented and there were misunderstandings about the MHSA that resolved naturally as the program became a routine component of the public mental health system.

The MHSOAC and DMH are involved in workgroups to identify a mechanism to assure that county compliance with MHSA values is maintained and that a State level issue resolution process continues to provide a mechanism to assure county compliance with MHSA values. ~~As a result of diminished staff resource at DMH, it is recommended that the MHSOAC take the lead role in the MHSA Issue Resolution.~~

Complaints

- The number of complaints submitted to DMH that are *resolved* total 44.
- The number of submitted to DMH that are *unresolved* total 9. Unresolved issues referred to DMH required further communication to obtain documentation to bring issue to conclusion. These remain unresolved because the complainant did not respond to DMH attempts to obtain additional information.